



MONROE COUNTY GROWTH MANAGEMENT BUILDING DEPARTMENT

Middle Keys/Main Office: 2798 Overseas Highway, Marathon, FL (305) 289-2501

Upper Keys Office: 102050 Overseas Highway, Key Largo, FL (305) 453-8800

Lower Keys Office: 5503 College Road, Key West, FL (305) 295-3990

RECIPROCITY APPLICATION CHECKLIST

Pursuant to Ordinance No. 013-193, Monroe County will provide reciprocity to contractors licensed by counties, which have entered into a reciprocity agreement with Monroe County. The terms of the agreement with the municipality or county by which you are licensed, along with local and state laws govern the issuance of reciprocal certificates of competency.

All completed applications must be received **15 days prior** to the next scheduled Contractors' Examining board meeting date. In-complete applications will not be accepted and may be returned delaying the approval and licensing process. The date your application is received will determine the date that your application will be reviewed by the Contractors' Examining Board (CEB). The next available CEB meetings are July 9, August 13*, September 10, October 8*, and November 19, 2013.

*these meetings are for the limited purpose of reviewing applications.

As a pre-requisite to the initial issuance of an active certificate, or the renewal of an active certificate, or a change in the status of an active certificate, the applicant shall submit:

1. Completed Construction Trades application with the top half (up to number 4) of page 1 and page 3 signed and notarized.
2. A copy of certificate of competency issued by the sponsoring reciprocal municipality or county;
3. One (1) clear, recent, close-up picture of applicant (Maximum 2" x 2" – Passport Style);
4. Legible copy of a valid driver's license or some other form of valid government approved identification;
5. Copy of State Registration for contractors registered with DBPR pursuant to F.S. 489.117(1)(a), Part I, Construction Contracting, or F.S. 489.513, Part II, Electrical and Alarm System.
 - a) Electrical and Alarm System Contractors (Part II) need to "Add" Monroe County Certificate of Competency license with the State of Florida (DBPR) Electrical Board pursuant to F.S. 489.513(5) prior to any work commencing.
6. Applicant must make arrangements with the reciprocal municipality or county in Florida that sponsored his/her **original** Block & Associates or its equivalent examination(s) to mail us an **original reciprocity letter** verifying **1)** the requirement criteria for issuing applicant's certificate of competency; **2)** the name of the agency that administered, proctored and graded the examination(s); and **3)** the type of examination(s), verifying that you obtained **at least 70%**, and whether the applicant has ever been charged with any violations of state or local construction licensing and/or permitting laws and any disciplinary actions that may have resulted as an outcome of those charges;
7. Proof that your company is currently ACTIVE with the State of Florida Division of Corporations (obtain from www.sunbiz.org);
8. Current-issued Certificate of Insurance* from an insurance company authorized to do business in the state for specialty contractors not subject to F.S. 489, Pt. I & II, public liability insurance in the amount of \$100,000.00 and property damage in the amount of \$50,000.00 in the licensee's respective license category/discipline; or
9. Current-issued Certificate of Insurance* from an insurance company authorized to do business in the state for contractors subject to F.S. 489 Part I & II, public liability insurance and property damage in the amount set for in the Florida Administrative Code (FAC) 61G4-15.003.(2)(h) or 61G6-5.008 in licensee's respective license category/discipline and list licensee's correct license number; and

10. Current-issued Certificate of Insurance* from an insurance company authorized to do business in the state for workers' compensation insurance and/or executed workers' compensation exemption card from the Bureau of Workers' Compensation Office in the licensee's respective license category / discipline.
11. For specialty contractors not subject to F.S. 489, Part I & II, current Monroe County local business tax receipt.
12. If you wish to act as the qualifying agent for a business that you are NOT an officer/managing member/ member of, in addition to the above requirements, you must submit the completed Acting Qualifying Agent Authorization Form (*obtain from our website at www.monroecounty-fl.gov*).
13. Pro-rated License Fees: General Contractor \$50.00; Journeyman Plumbing, Mechanical, Electrical: \$17.50; Master Plumbing, Mechanical, Electrical: \$25.00; Apprentice: \$7.50; Building, Residential, Electrical, Mechanical, Plumbing, Air Conditioning Class A & B, Specialties, and Engineer Contractors: \$37.50. Fees are currently pro-rated from April 2, 2013 through October 1, 2013. (MCC 6-240(a)(c))

MONROE COUNTY HAS RECIPROCITY WITH THE FOLLOWING COUNTIES IN FLORIDA:

Bay County
Bradenton, City of
Brevard County
Broward County – CONSTRUCTION BOARD – ALL TRADES
Broward County – ELECTRICAL BOARD – **NO RECIPROCITY**
Charlotte County
Clay County
Collier County
Highland County
Hillsborough County
Jefferson County
Key West, City of
Levy County
Manatee County
Marion County
Martin County
Okaloosa County
Orange County
Osceola County
Palm Beach County
Pasco County
Pinellas County
Polk County
Port St. Lucie, City of
Sarasota County
St. Augustine, City of
St. Lucie County

Should you have any questions, feel free to contact Odalys Mayan at 305.289.2583.





MONROE COUNTY CONSTRUCTION TRADES APPLICATION

THIS APPLICATION COVERS BUILDING, ENGINEERING, PLUMBING, ELECTRICAL, AND MECHANICAL FIELDS. ADDITIONALLY, IT COVERS MASTERS, JOURNEYMAN, APPRENTICE, AND SPECIALTY TRADES FOR A MONROE COUNTY CERTIFICATE OF COMPETENCY LICENSE.

**ATTACH RECENT
2 X 2 INCHES
COLOR
PHOTOGRAPH
HERE**

PLEASE TYPE OR PRINT IN DARK INK.

 LEGAL NAME: _____ SS # _____
HOME ADDRESS: _____ CITY, STATE, ZIP _____
PLACE OF BIRTH _____ DATE OF BIRTH _____ PHONE _____
BUSINESS NAME _____ BUSINESS ADDRESS _____
CITY, STATE, ZIP _____ PHONE _____ FAX _____
EMAIL ADDRESS _____ DRIVER'S LICENSE NUMBER _____

 I HEREBY MAKE APPLICATION TO QUALIFY UNDER THE PROVISIONS OF MONROE COUNTY CODE FOR THE
LICENSE CATEGORY OF: _____

1. NUMBER OF YEARS WORKING IN THE TRADE APPLIED FOR: _____
2. NUMBER OF YEARS EXPERIENCE AS AN APPRENTICE: _____ AS A JOURNEYMAN: _____
3. HAVE YOU PREVIOUSLY FILED AN APPLICATION IN MONROE COUNTY FOR THIS LICENSE OR ANY OTHER CATEGORY: YES _____ NO _____ IF "YES" WHEN DID YOU APPLY _____
4. ARE YOU RECIPROCATING FROM ANOTHER COUNTY/CITY? YES _____ NO _____
IF YES, WHERE FROM? _____

TRADE EXPERIENCE

IF APPLICATION IS FOR RECIPROCITY, YOU DO NOT NEED TO COMPLETE THE TRADE, EDUCATION, AND WORK EXPERIENCE AFFIDAVIT CATEGORIES, **UNLESS** YOU DO NOT MEET MONROE COUNTY LICENSE REQUIREMENTS AS DEFINED IN CHAPTER 6 OF THE MONROE COUNTY CODE.

PLEASE BE ADVISED THAT THE BOARD CAN REFUSE TO ACCEPT ANY STATEMENT THAT (1) IS NOT CLEARLY AN ORIGINAL DOCUMENT, (2) WHERE THE FACE OF THE DOCUMENT PROVIDES EVIDENCE THAT THE STATEMENT HAS BEEN CHANGED FROM ITS ORIGINAL FORM, OR (3) REQUIREMENTS ARE NOT MET.

LIST BELOW YOUR TRADE EXPERIENCE SPECIFICALLY RELATED TO THE CATEGORY FOR WHICH YOU ARE APPLYING. BE ACCURATE AND DETAILED SO MONROE COUNTY CONTRACTORS' EXAMINING BOARD CAN PROPERLY ASSESS YOUR EXPERIENCE IN THE CLASSIFICATION FOR WHICH YOU ARE APPLYING FOR A CERTIFICATE OF COMPETENCY, AND LIST BELOW YOUR TRADE EXPERIENCE SPECIFICALLY RELATED TO THE CATEGORY FOR WHICH YOU ARE APPLYING, BEGINNING WITH MOST RECENT ONE. INFORMATION MUST BE VERIFIABLE AND MUST INCLUDE DATE-OF-HIRE (MONTH/YEAR), EMPLOYER, ADDRESS, TELEPHONE NUMBER, AND DUTIES & RESPONSIBILITIES. THIS INFORMATION MUST CORRESPOND WITH THE WORK EXPERIENCE VERIFICATION AFFIDAVIT.

1. COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BRIEF JOB DESCRIPTION: _____
EMPLOYED FROM _____ TO _____
(Month/year) (Month/year)

Office Use: Date Received _____		Staff _____	Exam Fee Collected \$ _____	Receipt # _____	Staff _____
Contractor ID# _____		License Number _____	Issued _____	Staff _____	

Construction Trades Application – Education – continued

2. COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BRIEF JOB DESCRIPTION: _____
EMPLOYED FROM _____ TO _____
(Month/year) (Month/year)
3. COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BRIEF JOB DESCRIPTION: _____
EMPLOYED FROM _____ TO _____
(Month/year) (Month/year)

EDUCATION

LIST YOUR DETAILED AND ACCURATE EDUCATION RECORD BELOW. THIS INFORMATION MAY BE PARTIALLY USED AS A PREREQUISITE TO QUALIFYING FOR EXAMINATION AND/OR CERTIFICATION.

HIGH SCHOOL _____ CITY _____ STATE _____ YEARS _____
COLLEGE _____ CITY _____ STATE _____ YEARS _____
DEGREE TITLE _____ YEAR(S) OBTAINED _____
TRADE SCHOOL _____ CITY _____ STATE _____ YEARS _____
TRADE SCHOOL COURSES TAKEN: _____
OTHER SCHOOLING (SERVICE OR OTHER): _____

RESUME OF APPLICANT'S EXPERIENCE

COMPLETE THIS RESUME OR ATTACH A RESUME TO YOUR APPLICATION FOR A CERTIFICATE OF COMPETENCY. THIS INFORMATION IS REQUIRED TO PROPERLY ASSESS YOUR EXPERIENCE IN TERMS OF AUTHORIZED SCOPE OF WORK CATEGORIES LISTED IN CHAPTER 6 OF THE MONROE COUNTY CODE. IN THE SPACE BELOW, LIST EACH EMPLOYER AND A DETAILED DESCRIPTION OF THE EXACT WORK YOU DO OR DID WITH EACH EMPLOYER. DO NOT MERELY EXPLAIN HOW MANY PEOPLE YOU SUPERVISED. NAME THE PROJECTS YOU WORKED ON AND LIST YOUR EXACT RESPONSIBILITIES AND DUTIES, THEN EXPLAIN THE TYPE OF WORK PERFORMED BY YOU. IF ADDITIONAL SPACE IS NEEDED, USE ANOTHER RESUME FORM OR LEGAL SIZE SHEET OF PAPER AND INDICATE "CONTINUED" AT THE BOTTOM OF YOUR COMMENTS ON THIS PAGE.

_____ Check here if additional pages attached

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE SCOPE OF WORK ALLOWED WITH THIS LICENSE. I FURTHER CERTIFY THAT THE ABOVE DESCRIBED WORK AND EXPERIENCE RECORD REPRESENTS TO THE BEST OF MY KNOWLEDGE ALL INFORMATION RELATIVE TO THE SCOPE OF WORK AND CATEGORY FOR WHICH I AM APPLYING. I WILL FURTHER NOTIFY THE CONTRACTORS' SECTION

Resume of Applicant's Experience – continued

OF ANY CHANGE IN MY ADDRESS, IN WRITING AND IN SUCH LETTER IDENTIFY THE TRADE FOR WHICH I AM APPLYING OR AM ENGAGED IN.

I SWEAR AND AFFIRM THAT THE ALL OF THE ABOVE IS CORRECT, TRUE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

STATE OF _____
COUNTY OF _____

SWORN TO & SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20____, HE / SHE IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID (DID NOT) TAKE AN OATH.

NOTARY'S SIGNATURE

SEAL

DO NOT WRITE BELOW THIS LINE; FOR DEPARTMENT USE ONLY

Date Received _____ Staff _____ Fee Collected \$ _____ Receipt # _____ Staff _____

Written Exam Required: ____ Yes ____ No If No, reason: _____

1) Exam Type: _____ Date: _____ Location: _____

Grade _____ Passed _____ Failed _____ Notified: _____ Via _____

2) Exam Type: _____ Date: _____ Location: _____

Grade _____ Passed _____ Failed _____ Notified: _____ Via _____

FOR CONTRACTORS' EXAMINING BOARD USE ONLY

____ Approved ____ Denied Reason denied: _____

By _____ DATE _____
CEB MEMBER

This Section to be used if application was previously denied. .

____ Approved ____ Denied Reason denied a second time: _____

By _____ DATE _____
CEB MEMBER

FOR DEPARTMENT USE ONLY

Contractor Id Number: _____ License Number: _____ Issued On _____ Staff _____
License Fee Paid: \$ _____ Receipt Number: _____ Mailed: _____